

Approved For Release 2005/08/22 : CIA-RDP87-01130R000100100013-5  
 REQUEST FOR REIMBURSEMENT  
 OR PAYMENT

3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)		4. EMPLOYEE NO.		5. OFFICE	
JOHNSON, BRUCE T.				Chairman/FAC (D/ODP)	
PAYABLE TO		ROOM	BUILDING	AMOUNT	
Bruce T. Johnson		2D00	HQS	\$10.14	
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER	
				9. DUE DATE 25X	
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):					
10. WHAT: Lunch for Vincent Melzac and Steve Melzac					
11. WHERE: EDR					
12. WHEN: 17 December 1982					
13. WHY: For the purpose of maintaining a working relationship on behalf of the Fine Arts Commission with a noted art doner.					
16. OBLIGATION REFERENCE NO.		14. EXP CODE		15. AGENCY CODE	
TYPE ORN	SUB #	17. SOC	18. LIQ CD	18. AMOUNT	
P					
S					
S					
S					
I CERTIFY FUNDS ARE AVAILABLE				DATE	
				AUTHORIZED SIGNATURE	
AUTHENTICATION				DATE	
				SIGNATURE OF APPROVING OFFICER	
CERTIFICATE FOR PAYMENT OR CREDIT				DATE	
				SIGNATURE OF CERTIFYING OFFICER	
PAYMENT INSTRUCTIONS				DESIGNATION OF AGENT TO PICK UP FUNDS	
				I authorize my agent, whose signature appears below, to receive \$ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.	
CERTIFICATION (Check when applicable)				DATE	
<input type="checkbox"/> REIMBURSEMENT				SIGNATURE OF AGENT	
I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.				DATE	
<input type="checkbox"/> PERSONAL SERVICES				SIGNATURE OF CLAIMANT OR OFFICER	
The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.				ACKNOWLEDGEMENT OF RECEIPT	
DATE				AMOUNT	
SIGNATURE				CHECK NO.	
Bruce T. Johnson				DATE	
				SIGNATURE	
TRANS CODE	CODING AREA			MONETARY CONTROL	AMOUNT
DATE	PREPARED BY	EXT	DATE	REVIEWED BY	TOTAL

✓ EXECUTIVE DINING ROOM  
Date 12/12/82

ITEM No.	ITEM	PRICE
<input checked="" type="checkbox"/> 1	Regular Lunch *	\$3.85
<input type="checkbox"/> 2	Steak Delmonico Lunch *	\$5.30
<input type="checkbox"/> 3	Filet Sandwich	\$3.90
<input type="checkbox"/> 4	Steak Special	\$2.75
<input type="checkbox"/> 5	Light Lunch	\$2.25
<input type="checkbox"/> 6	Soup & Salad Bar	\$3.00
<input type="checkbox"/> 7	Salad Bar ONLY	\$2.25
<input type="checkbox"/> 8	Sandwiches:	\$2.25
<input type="checkbox"/>	Ham & Cheese	
<input type="checkbox"/>	Roast Beef	
<input type="checkbox"/>	Turkey	
<input type="checkbox"/> 9	Eggs Benedict	\$2.25
<input type="checkbox"/> 10	Omelet of the Week	\$2.25
<input type="checkbox"/> 11	Low Cal	\$2.25
<input checked="" type="checkbox"/> 12	Soup	\$ .75
<input type="checkbox"/> 13	Salad-Vegetable	\$ .45
<input type="checkbox"/> 14	Dessert	\$ .50
<input type="checkbox"/> 15	Chocolate Sundae	\$ .60
<input type="checkbox"/> 16	Milk — Coke — Tab	\$ .40
<input checked="" type="checkbox"/> 17	Juice — <u>Coffee</u> — Tea	\$ .40
<input type="checkbox"/> 18	Miscellaneous	\$

\* Includes salad or vegetable, juice, coffee, or tea.

Membership Acct. # 200.99

Signature [Redacted]

Room No. U 2000

Receipt Requested ☐

*vine/jac*

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Date 12/12/82

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Membership Acct. # 200.99

Signature [Redacted]

Room No. 2000

Receipt Requested ☐

*Stewart / Kibzaco*

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